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Barriers to Care for Traumatic Stress and PTSD

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14. ABSTRACT This project was designed to implement and assess the feasibility of a unique and newly-developed intervention (TEAM: Troop Education for Army Morale: Units and Individuals Working Together). TEAM is designed to meet the specific post deployment needs of Mortuary Affairs (MA) Soldiers for early and follow-up intervention to speed recovery, return to work and limit barriers to care through individual training, active engagement in problem solving and accessing care, enhanced buddy care and spouse support. Short and longer-term outcome in MA Soldiers are assessed. Specific aims include: 1) demonstrating the feasibility of TEAM intervention for care, support and lessening barriers to care for MA Soldiers and 2) assessing the effectiveness of TEAM on disorder (e.g., PTSD, depression), distress, health risk behaviors (e.g., alcohol or tobacco use), work function, marital conflict, and barriers to health care utilization. MA Soldiers are recruited from the 54 th and 111 th MA companies at Ft Lee, VA. The first cohort of subjects (N=22) was recruited in July 2009. The first assessments and intervention workshop for the intervention group are scheduled for late August 2009. No data have been collected as of this date.					
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INTRODUCTION

This project was designed to implement and assess the feasibility of a unique and newly developed intervention (TEAM: **T**roop **E**ducation for **A**rmey **M**orale: **U**nits and **I**ndividuals **W**orking **T**ogether). TEAM is designed to meet the specific post deployment needs of Mortuary Affairs (MA) Soldiers for early and follow-up intervention to speed recovery, return to work and limit barriers to care through individual training, active engagement in problem solving and accessing care, enhanced buddy care and spouse support. Short and longer-term outcome in MA Soldiers are assessed. Specific aims include: 1) demonstrating the feasibility of TEAM intervention for care, support and lessening barriers to care for MA Soldiers and 2) assessing the effectiveness of TEAM on disorder (e.g., PTSD, depression), distress, health risk behaviors (e.g., alcohol or tobacco use), work function, marital conflict, and barriers to health care utilization. MA Soldiers are recruited from the 54th and 111th MA companies at Ft Lee, VA. We will recruit the maximum number of available post-deployment MA Soldiers. Approximately 54 MA Soldiers will become available to recruit every six months (330 total eligible for study). We expect approximately 44 Soldiers to enroll every 6 months with approximately half randomly assigned to the TEAM intervention and half to the non-intervention comparison group. We estimate approximately N=200 (100 from each group) will complete the training and assessments. Spouses of Soldiers in the intervention group are eligible to participate in spouse workshops. We estimate 7-8 spouses in each cohort will agree to participate. TEAM has two levels of intervention: Module I. Group Training; Module II: Social Context Building. The Module I intervention will be given shortly after return from deployment (approximately 1 month). Module II will be given at 3 months and assessments will be at 1, 2, 3, 6 and 9 months. This two-pronged approach focuses on individual education while altering the social context. Each Module has an evidence informed educational/training component and a stepped care component providing education and outreach as well as resources and interactive multimodal support.

BODY

Below is a summary of the major activities undertaken by the project team during the last 12 months organized by the timeline in the Statement of Work (SOW).

- 1. Coordination planning with site/units.** Members of the project have been in frequent contact with the Fort Lee Command and Mortuary Affairs units. This included such activities as conducting a brief to the 530th Battalion Command on 16 March 2009. Institutional regulatory review has been obtained from the Uniformed Services University and Fort Detrick IRBs. Final approval has been signed-off by both institutions. Study clinicians and staff have completed human subjects training.

- 2. Personnel recruitment, hiring and training.** Members of the project have been trained on the use of the intervention materials (e.g., intervention manual, slides, handouts) as well as means of delivering the educational content (e.g., conducting workshops, use of the phone line and email service, participant safeguards).
- 3. Development of short and long-term intervention and assessment.** Assessments (evaluation) have been developed for all assessment periods for intervention and control groups. Prior to finalization, assessments were reviewed by a project consultant for utility and ease of understanding. Intervention materials for Soldiers in the intervention group and participating spouses have been developed. Materials include a detailed intervention training manual for trainers, Power Point lectures, handouts and a website. The intervention's educational content includes skills for care of self and others (buddy/spouse) and whenever possible is targeted to the special needs of MA Soldiers or spouses. The educational content (e.g., lectures, handouts) is based on Psychological First Aid and addresses barriers to seeking care, managing resistance and accessing care. The website supports the workshop educational content and allows for viewing copies of workshop slides and handouts. Email service, a TEAM email address and a toll free 1-866 telephone line have been established for purposes of educational support of Soldiers in the intervention group and participating spouses.
- 4. Develop of participant tracking system.** Building of a data base structure for data entry and organization of recruitment and tracking is in process.
- 5. Feasibility Study and recruitment coordination.** Assessment and intervention materials (e.g., intervention manual, handouts) have been finalized and prepared for use. Assessment and intervention materials were reviewed by a consultant prior to finalization. Institutional review board approval has been obtained. Fort Lee Command and Mortuary Affairs units support the TEAM program. The first cohort of subjects (N=22) has been recruited and randomized to intervention (n=11) and control (n=11) groups. The first assessments and intervention workshop for the intervention group are scheduled for late August 2009. Other assessments/workshops are scheduled and coordinated with Mortuary Affairs unit activities.
- 6. Intervention and Assessments, ongoing data preparation.** Data have not yet been collected.

KEY RESEARCH ACCOMPLISHMENTS

- Development of a multimodal educational intervention program for Soldiers returning from deployment and their spouses.
- Data have not yet been collected.

REPORTABLE OUTCOMES

No reportable outcomes at this time.

CONCLUSION

The study is moving into the intervention phase with recruitment of the first cohort in July 2009. The first assessment and intervention workshop is scheduled for late August 2009.

REFERENCES

No references were cited in this Annual Report.

APPENDICES

None supplied.

SUPPORTING DATA

None supplied.